

Exhibit A

HEART CATHETERIZATION

PATIENT: Pick Johnson DOB: [REDACTED] Procedure Date: Oct 2, 2023 with Dr. Yelavarthy
 Call procedure scheduling: 231-935-5800 on 9/29/23 between 2 and 4 pm for your arrival time and assigned Physician.

- You must call to inform us if your insurance changes prior to your procedure. Failure to do so could lead to a last-minute cancelation.
- If your health changes prior to the procedure call 231-935-5800 to speak to a nurse.

INSTRUCTIONS: Take all morning medication with a sip of water unless otherwise instructed.

- Are you on Dialysis? ☒ No or ☐ Yes If yes, _____ (Facility name/location)
- Are you allergic to contrast dye? ☒ No or ☐ Yes If yes, A prescription will be sent to your local pharmacy for Prednisone (two 50 mg tablets). Take one tablet 13 hours and the second tablet 7 hours prior to your arrival time. A final tablet will be given to you one hour prior to your procedure.
- Have lab work done no later than: 9/28/23. For a Monday procedure complete by the Thursday prior to the procedure.
- Do not eat anything after midnight. You may have clear liquids up until four hours prior to arrival time.
☒ eGFR 9/13/23 lab date eGFR ≤ 60 : Drink 16.9 oz of water two hours prior to your arrival time.
☐ eGFR unknown at time of instructions, you will receive a call if hydration is needed.
☐ Ok to leave message? _____.

CONTINUE: ☐ Aspirin ☐ Plavix ☒ Start 81 mg Aspirin daily

Diabetic Medication Instructions:

- Do not take Glipizide, Glyburide or Glimeperide the morning of your procedure. If you take Metformin, you may be asked to hold your morning dose based on your lab results. You will receive a call from us.
- Do not take fast/rapid acting regular insulin the morning of your procedure. (Humalog, Novolin, Humalin)
- Intermediate insulin: NPH (Humulin N, Novolin N)-Take 50% of your usual dose the evening before and the morning of your procedure.
- Long acting Insulin: (Levemir, Basaglar, Lantus, Tresiba, Toujeo) take 80% of your usual dose the evening prior and the morning of your procedure.
- Insulin pump: continue your usual basal rate and notify cath lab staff of your pump upon arrival.
- Do you take an anticoagulant? ☒ No or ☐ Yes If yes, take your last dose of _____ on _____ (date/time) Per: _____
- Your procedure is scheduled ☒ without ☐ with anesthesia If yes, Hold Ace/Arb _____.
- Do not use any lotions or creams the day of your procedure. Use deodorant sparingly.

You will need a driver and caregiver for 24 hours post procedure. If you spend the night in the hospital for observation you will need a driver and caregiver the day after.

(Driver name) _____

(Dr. _____)

(Patient signature /date) _____

(Witness signature /date) _____

Instructions ☐ mailed ☒ mailed to patient.

1200 Sixth Street Suite 200 231 935-5800 munsonhealthcare.org
 Traverse City, MI 49684



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Rev. 8.18.23

**MUNSON HEALTHCARE****MHC Traverse Heart and Vascular Cadillac**

704 Oak Street

Ste 200

Cadillac, MI 49601-

Phone: (231) 876-6753

Fax: (231) 876-6769

Name: JOHNSON, RICK VERNON

BirthDate: [REDACTED]

Gender: Male

Primary Care: Kiomento MD, Helen M

Phone: [REDACTED]

Insurance Information

INSURANCE INFORMATION FOR SELECTED ACCOUNT#

Account Number: [REDACTED]

GUARANTOR INFORMATION

Guarantor Name:

Guarantor's Relationship to Patient:

Guarantor Phone:

Guarantor Address:

Diagnosis

Diagnosis: DOE (dyspnea on exertion)

Diagnosis Date: 9/26/2023

Status: Active

Code: R06.09 (ICD-10-CM)

Laboratory Orders

Order: **Basic Metabolic Panel**

Diagnosis: DOE (dyspnea on exertion); Code: R06.09

Ordering Physician: Booher MD, Anna M

Order Details: Routine, ONCE, 9/26/23 11:41:00 AM EDT, Stop 9/26/23 11:41:00 AM EDT, None, Dx DOE (dyspnea on exertion)

Comment:

Action: Order

Date/Time: 9/26/2023 11:42 EDT

Electronically Signed By: Booher MD, Anna M

Order: **Complete Blood Count (CBC)**

Diagnosis: DOE (dyspnea on exertion); Code: R06.09

Ordering Physician: Booher MD, Anna M

Order Details: Routine, ONCE, 9/26/23 11:41:00 AM EDT, Stop 9/26/23 11:41:00 AM EDT, None, Dx DOE (dyspnea on exertion)

Comment:

Action: Order

Date/Time: 9/26/2023 11:42 EDT

Electronically Signed By: Booher MD, Anna M

Activate Order in Atlas

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Message

JOHNSON, RICK VERNON - [REDACTED]

From: Cronkhite RN, Shasta D (THV Booher Clinical Pool)
Sent: 9/26/2023 11:44:36 EDT
To: Cronkhite RN, Shasta D;
Patient's Name: JOHNSON, RICK VERNON
Caller Name: JOHNSON, RICK VERNON
Phone: [REDACTED]
Subject: FW: THV - CCTA followup and cath orders

Addendum by Cronkhite RN, Shasta D on September 26, 2023 12:10:31 EDT
Called procedure scheduling 10/02/2023 w/ Dr. Yelavarthy

Addendum by Cronkhite RN, Shasta D on September 26, 2023 11:44:36 EDT

From: Cronkhite RN, Shasta D (THV Booher Clinical Pool)
To: Cronkhite RN, Shasta D;
Sent: 9/26/2023 11:44:36 EDT
Subject: FW: THV - CCTA followup and cath orders
Caller Name: JOHNSON, RICK VERNON; **Caller Number:** [REDACTED]

From: Booher MD, Anna M
To: THV Booher Clinical Pool;
Sent: 9/26/2023 11:42:56 EDT
Subject: THV - CCTA followup and cath orders
Caller Name: JOHNSON, RICK VERNON; **Caller Number:** [REDACTED]

**** Submitted: ****

Order: Basic Metabolic Panel ONCE
Details: Routine, ONCE, 9/26/2023 11:41 EDT, Stop 9/26/2023 11:41 EDT, None, Dx DOE (dyspnea on exertion)

Printed By : SCRONKHITE
Printed On : 9/26/2023 12:59:24 EDT

Message

JOHNSON, RICK VERNON - [REDACTED]

Signed by Booher MD, Anna M 9/26/2023 11:41:00 EDT

**** Submitted: ****

Order: Complete Blood Count (CBC) ONCE

Details: Routine, ONCE, 9/26/2023 11:41 EDT, Stop 9/26/2023 11:41 EDT, None, Dx DOE (dyspnea on exertion)

Signed by Booher MD, Anna M 9/26/2023 11:41:00 EDT

**** Submitted: ****

Order: atorvastatin (atorvastatin 80 mg oral tablet) 1 Tab Oral Daily new cholesterol med

Qty: 90 Tab Refills: 3

Substitutions Allowed Route To Pharmacy - WALGREENS DRUG STORE #07660

Signed by Booher MD, Anna M 9/26/2023 11:42:00 EDT

**** Submitted: ****

Order: Procedure Scheduling Request

Details: CAR Left cath possible PCI, Dx DOE (dyspnea on exertion), 9/26/2023 11:41 EDT

Signed by Booher MD, Anna M 9/26/2023 11:41:00 EDT

General Message:

Called and talked to the patient about his CCTA results. Somewhat unexpected given normal perfusion imaging. However his symptoms are suggestive of angina with shortness of breath and some chest discomfort when he walks uphill or walks to his mailbox. We will pursue coronary angiography. Risks alternatives and benefits were explained with the patient.

Please update his medication list to show that he does take a baby aspirin daily. I will also send in a statin because this was in question at the time of his office visit. Thanks

Printed By : SCRONKHTE
Printed On : 9/26/2023 12:59:24 EDT

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